COMBINED DECLARATION FOR PATENT APPLICATION AND POWER OF ATTORNEY (includes Reference to PCT International Applications)

ATTORNEY'S DOCKET NUMBER

PHDE030274 US

As a below named inventor, I h	nereby declare that:		
My residence, post office addre	ess and citizenship are as stat	ed next to my name.	
	of the subject matter which is ork connection	name is listed below) or an origina claimed and for which a patent is s	
is attached hereto.			
was filed as United States a	application		
Serial No			•
on			
and was amended			
on			
and was amended under PCT	Article 19		(if applicable).
			(spp).
I hereby state that I have review claims, as amended by any am		ents of the above-identified specific	ation, including the
I acknowledge the duty to discletile 37, Code of Federal Regu		rial to the examination of this appli	cation in accordance with
or inventor's certificate or of an States of America listed below any PCT international application	y PCT international application and have identified below any on(s) designating at least one	States Code, § 119 of any foreign and the state of the application (s) of which priority of the state of the	ry other than the United inventor's certificate or es of America filed by me
PRIOR FOREIGN/PCT APPLIC	CATION(S) AND ANY PRIORI	TY CLAIMS UNDER 35 U.S.C. 11	9:
COUNTRY	APPLICATION NUMBER	DATE OF FILING DAY, MONTH, YEAR	PRIORITY CLAIMED UNDER 35 USC 119
Europe	03102410.2	1 August 2003	YES
		EDADTMENT OF COMMEDCE B	

U.S. DEPARTMENT OF COMMERCE -Patent and Trademarks Office (July 1994)

Combined Declaration For Patent Application and Power of Attorney (Continued) Attorneys Docket Number (includes Reference to PCT International Applications) PHDE030274 US POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (List name and registration number) Jack E. Haken, Reg. No. 26,902 Direct Telephone Calls to: (name and telephone number) Michael E. Marion, Reg. No. 32,266 (914)332-0222 Edward M. Blocker, Reg. No. 30,245 FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR SCHREYER** Oliver RESIDENCE & STATE OR FOREIGN COUNTRY 201 COUNTRY OF CITIZENSHIP CITIZENSHIP Herzogenrath Germany Germany POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY **ADDRESS** Dohlenweg 30 52134 Herzogenrath Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME INVENTOR Wolfgang BUDDE Otto RESIDENCE & CITY STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 202 CITIZENSHIP Germany **Aachen** Germany POST OFFICE POST OFFICE ADDRESS STATE & ZIP CODE/COUNTRY **ADDRESS** Senkestrasse 6 52076 Aachen Germany FULL NAME OF FAMILY NAME FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR ERDMANN** Bozena **RESIDENCE &** STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 203 CITY CITIZENSHIP **Aachen** Germany Poland POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS** 52066 Aachen Jägerstrasse 18 Germany **FULL NAME OF FAMILY NAME** FIRST GIVEN NAME SECOND GIVEN NAME **INVENTOR LELKENS** Armand RESIDENCE & STATE OR FOREIGN COUNTRY COUNTRY OF CITIZENSHIP 204 CITIZENSHIP Heerlen The Netherlands The Netherlands POST OFFICE ADDRESS POST OFFICE STATE & ZIP CODE/COUNTRY **ADDRESS Putstraat 14** 6417 GM Heerlen The Netherlands

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true: and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 if Title 18 of the United states Code, and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

SIGNATURE OF INVENTOR 201

SIGNATURE OF INVENTOR 202

SIGNATURE OF INVENTOR 203

Wolf J. J. Date

Zoo 4

Date

Zoo 5

Date

Zoo 7

Date

U.S. DEPARTMENT OF COMMERCE- Patent and Trademarks Office

(July 1994)

PTO/SB/80 (11-04)

Approved for use through 11/30/2005. OMB 0651-0035

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SIGNATURE of Assignee of Record						
The dividual whose signature and title is supplied below is authorized to act on behalf of the assignee						
Signature	/HL	May E. M.	wo		Date 14 Janua	ary 2005
Name	me Michael E. Marion Telephone (914) 333-96				333-9637	
Title	Authorized Representative					

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10/566511 IAP20 Res'd PCT/PTO 30 JAN 2006

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STATEM	ENT UNDER 37 CFR 3.73(b)
Applicant/Patent Owner: Koninklijke Philips Electronics	N.V.
Application No./Patent No.: Concurrently	Filed/Issue Date: Concurrently
Entitled: CONFIGURING A NETWORK CONNECTION	N .
Koninklijke Philips Electronics N.V. (Name of Assignee)	, a corporation (Type of Assignee, e.g., corporation, partnership, university, government agency, etc.)
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1.30-06	Michael E. Belk, Reg. 33,357
Date (914) 333-9643	Typed or printed name Mukell Rel
Telephone number	Signature
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